



REQUEST FOR QUOTATION

PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION:

NOTES:

Company Name: _____

Address: _____

Phone Number: _____

Contact Name: _____

Contact Title: _____

E-mail: _____

Federal Identification Number _____

1. Quoted prices are to be net thirty (30) calendar days: all discounts are to be deducted and reflected in net prices.
2. The County reserves the right to reject any and/or all quotes, to waive any technicalities in the quote, and to take whatever action is in the best interest of Washington County.
3. The County is exempt from State of Maryland Sales Tax. The County's Maryland Sales Tax Exemption Number is 3000129 2.

RETURN QUOTATIONS TO:

WASHINGTON COUNTY PURCHASING DEPARTMENT
 Washington County Administration Complex
 100 West Washington Street, Third Floor, Suite 3200
 Hagerstown, Maryland 21740

Attention: *Rachael McCarty, Procurement Specialist I*

Telephone Number: 240-313-2330

**REQUEST FOR QUOTATION
 THIS IS NOT
 AN ORDER**

DATE ISSUED

DELIVERY WANTED

July 25, 2019

See Attachment

DESCRIPTION

**EXAMINATION GLOVES FOR
 VARIOUS COUNTY DEPARTMENTS
 Q-19-679**

(See Attached Instructions & Specifications)

QUOTATION DUE: Wednesday, August 21, 2019, no later than 3:00 P.M. (EDT/EST) and must be time-stamped in the Purchasing Department. Opening of quotations will follow. Interested parties are invited to attend.

QUOTATIONS TO BE ADDRESSED TO: Washington County Purchasing Department, Attn: Rachael McCarty, Procurement Specialist I, Washington County Administration Complex, 100 W. Washington Street, Third Floor, Suite 3200, Hagerstown, Maryland, 21740-4748 and enclosed in a sealed opaque envelope marked "**QUOTATION – (Q-19-679) EXAMINATION GLOVES**" and bearing the Quoter's name. Having received clarification on all items of conflict or upon which any doubt arose, the undersigned proposes to furnish all labor, materials and equipment called for by said specifications and instructions for the costs as specified on the attached Form of Proposal.

NOTE: This page is to be returned with the attached Form of Proposal.

We quote you as above - F.O.B. _____

Official Signature _____

Name Printed _____

Telephone Number _____

Fax Number _____

Acknowledge Addenda # _____ Date _____

_____ Date _____, # _____ Date _____

Delivery/Service can be performed no later than _____ calendar days from receipt of order.

Date _____

**EXAMINATION GLOVES FOR
VARIOUS COUNTY DEPARTMENTS
(Q-19-679)**

INSTRUCTIONS

1. **AWARD:** Award shall be made to the responsive, responsible Quoter submitting the *lowest responsive Quotation for each item*. Quoters may submit pricing on one or multiple items. The successful Quoter(s) shall extend their pricing to the County Volunteer Fire & Rescue Companies. These companies are located throughout Washington County in the towns of Hancock, Clear Spring, Sharpsburg, Boonsboro, Hagerstown, Williamsport, Funkstown, Fairplay, Maugansville, and Smithsburg. The companies shall issue orders independently that of the County and all financial transactions shall be conducted separately with each individual company.
2. **DELIVERY:** Deliveries shall be F.O.B. Destination to the County departments listed in the Request for Quotation document, as required and delivered within seventy-two (72) hours from order placement. Departments will submit a purchase order for the contract period and will call or email quantities to be delivered as needed.
3. **DISPUTES:** In cases of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the County Commissioners or authorized representative shall be final and binding on both parties.
4. **EQUAL OPPORTUNITY:** The Board of County Commissioners of Washington County does not discriminate on the basis of race, color, national origin, sex, religion, age and disability in employment or the provision of services. Individuals requiring special accommodations are requested to contact the Purchasing Department at 240-313-2330 Voice, TTY Dial 711 to make arrangements no later than seven (7) calendar day prior to the Request for Quotation Opening.
5. **EXCEPTION:** The submission of a quote shall be considered an agreement to all items, conditions, and specifications provided herein and in the various quotation documents unless specifically noted otherwise in the proposal.
6. **INSURANCE:** The successful Quoter must show upon request and prior to the execution of a Contract or issuance of Purchase Orders the Agreement and as required by the County during the term of the contract evidence of appropriate insurance as outlined in the attached copy (Attachment No. 1) of the Washington County's – Insurance Requirements for Independent Contractors Policy. The project shall be identified on the certificate and *Washington County shall be named as an additional insured on the certificate of insurance*. The certificate holder on the certificate shall be named as such; The Board of County Commissioners of Washington County, 100 West Washington Street, Hagerstown, Maryland.
7. **INTERPRETATION, DISCREPANCIES, OMISSIONS:** Should any Quoter find discrepancies in, or omissions from the documents, or be in doubt of their meaning, or feel that the specifications are discriminatory, he/she should at once request in writing, an interpretation from Rachael McCarty, Procurement Specialist I, Washington County Purchasing Department,

Washington County Administration Complex, 100 West Washington Street, Third Floor, Suite 3200, Hagerstown, MD 21740, Fax: 240-313-2331; or send questions in MicroSoft Word platform via-email to purchasingquestions@washco-md.net

All necessary interpretations will be issued to all Quoters by the Washington County Purchasing Director in the form of addenda to the specifications, and such addenda shall become part of the Contract Documents. Exceptions as taken in no way obligates the County to change the specifications. Failure of any Quoter to receive any such addendum or interpretation shall not relieve such Quoter from any obligation under his/her quotation as submitted. The County will assume no responsibility for oral instructions or suggestions. **ORAL ANSWERS WILL NOT BE BINDING ON THE COUNTY.** **Requests received after 4:00 P.M. (EDT/EST) on Friday, August 9, 2019 may not be considered.** All correspondence regarding this quotation shall be directed to and issued by the Washington County Purchasing Department. Direct all inquiries to the County's Procurement Specialist I, Rachael McCarty.

8. **LATE CHARGES:** Assessments will be made at the rate of one (1%) percent of the total quoted price per day if the successful Quoter fails to deliver by deadline for delivery. This assessment shall be deducted from the invoice price for the scheduled delivery.
9. **PAYMENT:** Payment shall be made by the County within thirty (30) calendar days after the submittal of an invoice from the successful Quoter. The invoice shall be mailed directly to the respective department listed in the Request for Quotation document. No costs (i.e. fuel surcharges) shall be charged in addition to the furnished Quoter's quotation response during the contract period.
10. **PAYMENT OF COUNTY AND MUNICIPAL TAXES:** Effective October 1, 1993, in compliance with Section 1-106(b)(3) of the Code of the Public Local Laws of Washington County, Maryland, "If a Quoter has not paid all taxes owed to the County or a municipal corporation in the County, the County Commissioners may reject the Request for Quotation."
11. **POLITICAL CONTRIBUTION DISCLOSURE:** The Quoter shall comply with Article 33, Sections 14-101 through 14-104 of the Annotated Code of Maryland, which requires that every person that enters into contracts, leases, or other agreements with the State, a county, or any incorporated municipality, or their agencies during a calendar year in which the person receives in the aggregate \$100,000 or more, shall file with the State Administrative Board of Election Laws a statement disclosing contributions in excess of \$500 made during the reporting period to a candidate for elective office in any primary or general election. The statement shall be filed with the State Administrative Board of Election Laws: (1) before a purchase or execution of a lease or contract by the State, a county, an incorporated municipality or their agencies, and shall cover the preceding two (2) calendar years; and (2) if the contribution is made after the execution of a lease or contract, then twice a year, throughout the contract term, on: (a) February 5, to cover the 6-month period ending January 31; and (b) August 5, to cover the 6-month period ending July 31.

12. **PRE-QUOTATION CONFERENCE:** A Pre-Quote Conference will be held in the Washington County Administration Complex Conference Suite 3000, Third Floor, 100 West Washington Street, Hagerstown, Maryland on **Monday, August 5, 2019 at 2:00 P.M. (EDT/EST)**. Attendance at this meeting is not mandatory, but it is strongly encouraged.
13. **QUANTITY:** The County guarantees neither a minimum/maximum quantity on Examination Gloves. The County reserves the right to award contracts for each item based on a twelve-month (12) period.
14. **QUOTATION SUBMISSION:** Quotations are to be enclosed in a sealed opaque envelope bearing the name of the Quoter and marked **“QUOTATION – (Q-19-679) EXAMINATION GLOVES”** and bearing the vendor's name. Quotations are to be addressed to:

Washington County Purchasing Department
Attn: Rachael McCarty - Procurement Specialist I
Washington County Administration Complex
100 West Washington Street, Suite 3200
Hagerstown, MD 21740

Quotations must be received, and time stamped in the Purchasing Department, Washington County Administration Complex, 100 West Washington Street, Third Floor, Suite 3200, Hagerstown, Maryland, 21740, telephone 240-313-2330, no later than **3:00 P.M. (EDT/EST), Wednesday, August 21, 2019**. Quotations will be opened at that time in Suite 3000, 100 West Washington Street, Hagerstown, Maryland, 21740. All interested parties are invited to attend.

NOTE: All Quoters must enter the Washington County Administration Complex through either the front door at the 100 West Washington Street entrance or through the rear entrance (w/blue canopy roof) which is handicap accessible and must use the elevator to access the Purchasing Department to submit their quotation and/or to attend the Pre-Quotation Conference. Alternate routes are controlled by a door access system. Washington County Government has announced new security protocols being implemented at the Washington County Administration Complex at 100 West Washington Street, Hagerstown. The new measures took effect Tuesday, February 14, 2017. The general public will be subject to wand search and will be required to remove any unauthorized items from the building prior to entry. Prohibited items include but are not limited to: Weapons of any type; Firearms, ammunition and explosive devices; Cutting instruments of any type- including knives, scissors, box cutters, work tools, knitting needles, or anything with a cutting edge, etc.; Pepper spray, mace or any other chemical defense sprays; and Illegal substances.

Proposals shall be made on the forms provided. Numbers shall be stated both in writing and in figures. Quotations must be signed in writing by the Quoter, or an authorized agent of the Quoter, if the Quoter is a Corporation.

15. **REGISTRATION WITH THE MARYLAND DEPARTMENT OF ASSESSMENT AND TAXATION:** Prior to contracting, private corporations must either be incorporated in the State of Maryland or registered with the Maryland Department of Assessments and Taxation as a

foreign corporation and must be in good standing. Proof of such standing is required prior to the start of the contracting process and shall remain in good standing during the contract period. The website for the State Department of Assessments and Taxation is: <http://dat.maryland.gov/Pages/sdatforms.aspx#BNE>. The phone numbers for the State Department of Assessments and taxation are: **(410) 767-1184** or **(888) 246-5941**.

16. **RESERVATIONS:** The Board of County Commissioners of Washington County, Maryland, reserves the right to accept or reject any or all quotes, to waive formalities, informalities and technicalities therein. The Board reserves the right to contact a Quoter for clarifications and may, at its sole discretion, allow a Quoter to correct any and all formalities, informalities and technicalities in the best interest of Washington County.
17. **SUBSTITUTIONS/SAMPLE:** Any Quoter who contemplates offering a product that differs from that specified SHALL obtain the County's written approval prior to quotation opening. *Substitution samples (minimum ten (10) pairs of gloves, size - large)* shall be received in the Purchasing Department no later than **4:00 P.M. (EDST), Friday, August 17, 2018**. Requests received after this deadline for substitutions may not be considered. All such decisions will be considered final and not subject to further evaluation. The County will not consider or accept substitutions for items Nos. 6, 7, 8, 10, 11, 12, 14, 15, 16, and 17. All correspondence regarding this quote shall be directed to and issued by the Washington County Purchasing Department. **Direct all inquiries to the County's Procurement Specialist I, Rachael McCarty, at 240-313-2330.**
18. **TERM OF CONTRACT:** The submitted pricing shall be effective for the period of September 1, 2019 through August 31, 2020.
19. A copy of last year's quotation tabulation (Q-18-663) can be viewed at: <https://www.washco-md.net/wp-content/uploads/2018/09/purch-q-18-663-bidtab.pdf>

**EXAMINATION GLOVES FOR
VARIOUS COUNTY DEPARTMENTS
(Q-19-679)**

DELIVERY LOCATIONS:

The submitted pricing period shall be September 1, 2019 through August 31, 2020. Deliveries shall be F.O.B. Destination, Inside Delivery to the following County departments and as may be required by other departments. Most County offices will be closed on County posted holidays. (See Attachment 2 - 2019/2020 Holiday Schedule”) Delivery locations are as follows, but not limited to:

Attn: Kathy Schlotterbeck
Detention Center
500 Western Maryland Parkway
Hagerstown, MD 21740-5199
Phone: 240-313-2126
(Delivery Hours: M - F, 8 AM - 4 PM)

Attn: Ronnie Knight
Water Quality
Division of Environmental Management
16232 Elliott Parkway
Williamsport, MD 21795-4083
Phone: 240-313-2606
(Delivery Hours: M - F, 6 AM – 2 PM)

Attn: Shawn Harbaugh
Transit Department
1000 West Washington Street
Hagerstown, MD 21740-5212
Phone: 240-313-2748
(Delivery Hours: M - F, 7 AM – 1 PM)

Attn: Dave Blubaugh
Highway Department
601 Northern Avenues
Hagerstown, MD 21742-2795
Phone: 240-313-2726
(Delivery Hours:
April through October – M - Th, 7 AM - 3 PM;
November through March – M - F, 8 AM - 2 PM)

Attn: Shelly Dick
Sheriff's Patrol Division
500 Western Maryland Parkway
Hagerstown, MD 21740-5199
Phone: 240-313-2198
(Delivery Hours: M - F, 8 AM - 4 PM)

Attn: Kim Faith
Parks & Facilities
1307 South Potomac Street
Hagerstown, MD 21740-7300
Phone: 240-313-2710
(Delivery Hours: M - F, 7 AM - 3 PM)

Attn: Bonnie Keltner
Emergency Services
16232-B Elliott Parkway
Williamsport, MD 21795-4083
Phone: 240-313-4360
(Delivery Hours: M - F, 7:30 AM - 4 PM)

Attn: Jamie Calendrelle
Solid Waste
2630 Earth Care Road
Hagerstown, MD 21740-2189
Phone: 240-313-2793
(Delivery Hours: M - F, 7:30 AM - 2:30 PM)

Attn: Jennifer Norford
Sheriff's Office - Judicial Division
Court House Annex
24 Summit Avenue, Suite 101
Hagerstown, MD 21740-4896
Phone: 240-313-2533
(Delivery Hours: M - F, 8 AM - 4 PM)

Attn: Danny Shirley
Hagerstown Regional Airport
18434 Showalter Road
Hagerstown, MD 21742
Phone: 240-313-2766
(Delivery Hours: M - F, 7:30 AM - 4 PM)

Attn: Tonya Ankeney
Narcotics Task Force
10310 Governor Lane Blvd., Suite 6001
Williamsport, MD 21795
Phone: 301-791-3205
(Delivery Hours: M - F, 8 AM - 4 PM)

**EXAMINATION GLOVES FOR
VARIOUS COUNTY DEPARTMENTS
Q-19-679**

SPECIFICATIONS

DESCRIPTION: (Approximate usage is based on a twelve [12] month period)

County Item #	Specifications	Estimated Annual Usage-boxes (based on 100 pieces per box / indicate if different)
1	Vinyl, Non-Sterile, <i>Large</i> , minimum of 4 mil.	36
2	Nitrile Glove, Powder-Free, Textured Grip <i>Small</i> , 5 mil.	30
3	Nitrile Glove, Powder-Free, Textured Grip <i>Medium</i> , 5 mil.	60
4	Nitrile Glove, Powder-Free, Textured Grip <i>Large</i> , 5 mil.	205
5	Nitrile Glove, Powder-Free, Textured Grip <i>X-Large</i> , 5 mil.	252
6	UL315M, Exam glove, <i>Medium</i> , Microflex Ultra One #UL315 , Powder Free, Textured Fingers, 12” Length, no substitutions	170
7	UL315L, Exam glove, <i>Large</i> , Microflex Ultra One #UL315 , Powder Free, Textured Fingers, 12” Length, no substitutions	20
8	UL315XL, Exam glove, <i>X Large</i> , Microflex Ultra One #UL315 , Powder Free, Textured Fingers, 12” Length, no substitutions	170
9	Exam glove, <i>2X- Large</i> , comparable to Microflex Ultra One #UL315 or 14 mil glove , Powder Free, Textured Fingers, 12” Length	230
10	Thickster Latex 6602-20 Exam glove, <i>Medium</i> , Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions	50
11	Thickster Latex 6603-20 Exam glove, <i>Large</i> , Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions	103
12	Thickster Latex 6604-20 Exam glove, <i>X-Large</i> , Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions	608
13	Exam glove, <i>2X-Large</i> , comparable to Thickster Latex 6604-20 Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff	150
14	Microflex Midnight , MK296S , Black , Powder-free Nitrile Standard Exam Glove <i>Small</i> - length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16., no substitutions	20

Specifications

Examination Gloves for Various County Departments

Q-19-679

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County Item #	Specifications	Estimated Annual Usage-boxes (based on 100 pieces per box / indicate if different)
15	Microflex Midnight , MK296M , Black , Powder-free Nitrile Standard Exam Glove <i>Medium</i> - length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16., no substitutions	20
16	Microflex Midnight , MK296L , Black , Powder-free Nitrile Standard Exam Glove <i>Large</i> - length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16., no substitutions	250
17	Microflex Midnight , MK296XL, Black , Powder-free Nitrile Standard Exam Glove <i>X Large</i> - length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16., no substitutions	274
18	Standard Exam Glove <i>2X Large</i> , comparable to Microflex Midnight , MK296, Black , Powder-free Nitrile - length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16	100

**ALL GLOVES SHALL BE MEDICAL GRADE
ORDERS SHALL BE DELIVERED WITHIN SEVENTY-TWO (72) HOURS FROM ORDER PLACEMENT**

FORM OF PROPOSAL
(Price per box containing 100 pieces)

**EXAMINATION GLOVES FOR
VARIOUS COUNTY DEPARTMENTS
Q-19-679**

Item 1 - Vinyl Glove, Non-Sterile, size *Large*, 4 mil. or *County approved equal*. Approximate usage 36 boxes:

_____ DOLLARS (\$) _____
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per case*)

Item 2 - Nitrile Glove, Powder-Free, Textured Grip, size *Small*, 5 mil. or *County approved equal*. Approximate usage 25 boxes:

_____ DOLLARS (\$) _____
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 3 - Nitrile Glove, Powder-Free, Textured Grip, size *Medium*, 5 mil. or *County approved equal*. Approximate usage 60 boxes:

_____ DOLLARS (\$) _____
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 4 - Nitrile Glove, Powder-Free, Textured Grip, size *Large*, 5 mil. or *County approved equal*. Approximate usage 110 boxes:

_____ DOLLARS (\$) _____
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 5 - Nitrile Glove, Powder-Free, Textured Grip, size *X-Large*, 5 mil. *or County approved equal*. Approximate usage 143 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 6 – UL315M – Exam glove, size *Medium*, Microflex Ultra One #UL315, Powder-Free, Textured Fingers, 12” Length, no substitutions. Approximate usage 160 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 7 – UL315L – Exam glove, size *Large*, Microflex Ultra One #UL315, Powder-Free, Textured Fingers, 12” Length, no substitutions. Approximate usage 40 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 8 – UL315XL – Exam glove, size *Extra Large*, Microflex Ultra One #UL315, Powder-Free, Textured Fingers, 12” Length, no substitutions. Approximate usage 140 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 9 – Exam glove, size *2X-Large*, comparable to Microflex Ultra One #UL315 or 14 mil glove *or County approved equal*, Powder-Free, Textured Fingers, 12” Length. Approximate usage 240 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*)

Item 10 – Thickster Latex 6602-20 Exam glove, *Medium*, Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions. Approximate usage 50 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*

Item 11 – Thickster Latex 6603-20 Exam glove, *Large*, Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions. Approximate usage 103 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*

Item 12 – Thickster Latex 6604-20 Exam glove, *X-Large*, Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff, no substitutions. Approximate usage 608 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*

Item 13 –Exam glove, *2X-Large*, comparable to **Thickster Latex 6604-20**, Powder Free, Textured Fingers, 12” Length, 14 mil., beaded cuff. Approximate usage 150 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*

Item 14 – MK296S - Microflex Midnight, , Black, Powder-free, Nitrile Standard Exam Glove *Small*-length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16, no substitutions. Approximate usage 22 boxes:

_____ DOLLARS (\$ _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: # _____ boxes per*

Item 15 – MK296M - Microflex Midnight, Black, Powder-free Nitrile Standard Exam Glove *Medium*-length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16, no substitutions. Approximate usage 55 boxes:

_____ DOLLARS (\$) _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: #* _____ *boxes per*

Item 16 – MK296L - Microflex Midnight, Black, Powder-free Nitrile Standard Exam Glove *Large*-length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16, no substitutions. Approximate usage 244 boxes:

_____ DOLLARS (\$) _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: #* _____ *boxes per*

Item 17 – MK296XL - Microflex Midnight, Black, Powder-free Nitrile Standard Exam Glove *X Large*- length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16, no substitutions. Approximate usage 265 boxes:

_____ DOLLARS (\$) _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: #* _____ *boxes per*

Item 18 – Black, Powder-free Nitrile Standard Exam Glove, comparable to **Microflex Midnight**, MK296, *2X Large*- length 245 mm, cuff 3.1 mil, palm 4.7 mil, finger 5.5 mil, tensile strength 16. Approximate usage 101 boxes:

_____ DOLLARS (\$) _____)
(Written) (Figures)

Product Item# _____ (*Quoters shall provide quantity [boxes] per case: #* _____ *boxes per*

POLICY TITLE: Insurance Requirements for Independent Contractors

ADOPTION DATE: August 29, 1989

EFFECTIVE DATE: September 1, 1989

FILING INSTRUCTIONS:

I. PURPOSE

To protect Washington County against liability, loss or expense due to damaged property, injury to or death of any person or persons and for care and loss of services arising in any way, out of, or in connection with or resulting from the work or service performed on behalf of Washington County.

II. ACTION

The following should be inserted in all Independent Contractor Contracts:

"The Contractor shall procure and maintain at his sole expense and until final acceptance of the work by the County, insurance as hereinafter enumerated in policies written by insurance companies admitted in the State of Maryland, have A.M. Best rating of A- or better or its equivalent, and acceptable to the County."

1. **Workers Compensation:** The Contractor agrees to comply with Workers Compensation laws of the State of Maryland and to maintain a Workers Compensation and Employers Liability Policy.

Minimum Limits Required:

Workers Compensation -	Statutory
Employers Liability -	\$100,000 (Each Accident)
	\$500,000 (Disease - Policy Limit)
	\$100,000 (Disease - Each Employee)

2. **Comprehensive General Liability Insurance:** The Contractor shall provide Comprehensive General Liability including Products and Completed Operations.

Minimum Limits Required:

\$1,000,000 combined single limit for Bodily Injury and Property Damage.

Such insurance shall protect the County, its agents, elected and appointed officials, commission members and employees, and name Washington County on the policy as additional insured against liability, loss or expense due to damaged property (including loss of use), injury to or death of any person or persons and for care and loss of services arising in any way, out of, or in connection with or resulting from the work of service performed on behalf of Washington County.

2. **Comprehensive General Liability Insurance** (continued)

The Contractor is ultimately responsible that Subcontractors, if subcontracting is authorized, procure and maintain at their sole expense and until final acceptance of the work by the County, insurance as hereinafter enumerated in policies written by insurance companies admitted in the State of Maryland, have A.M. Best rating of A- or better or its equivalent, and acceptable to the County.

3. **Business Automobile Liability:** The Contractor shall provide Business Auto Liability including coverage for all leased, owned, non-owned and hired vehicles.

Minimum Limits Required:

\$1,000,000 combined single limit for Bodily Injury or Property Damage.

Certificate(s) of Insurance: The Contractor shall provide certificates of insurance requiring a 30-day notice of cancellation to the Insurance Department, Board of County Commissioners of Washington County prior to the start of the applicable project.

Approval of the insurance by the County shall not in any way relieve or decrease the liability of the Contractor. It is expressly understood that the County does not in any way represent that the specified limits of liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Contractor.

All responsibility for payment of any sums resulting from any deductible provisions, corridor, or self-insured retention conditions of the policy or policies shall remain with the Contractor.

General Indemnity: The Contractor shall indemnify, defend and save harmless the Board of County Commissioners of Washington County, its appointed or elected officials, commission members, employees and agents for any and all suits, legal actions, administrative proceedings, claims, demands, damages, liabilities, interest, attorneys fees, costs and expenses of whatsoever kind of nature, whether arising before or after final acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the Contractor, or any one acting under its direction, control or on its behalf in connection with or incident to its performance of the Contract.

Revision Date: August 27, 1991

Effective Date: August 27, 1991

Revision Date: March 4, 1997

Effective Date: March 4, 1997

2019/2020 HOLIDAY SCHEDULE

Holiday	2019	2020
New Year's Day	Tuesday, January 1, 2019	Wednesday, January 1, 2020
Martin Luther King's Birthday	Monday, January 21, 2019	Monday, January 20, 2020
President's Day	Monday, February 18, 2019	Monday, February 17, 2020
Good Friday	Friday, April 19, 2019	Friday, April 10, 2020
Memorial Day	Monday, May 27, 2019	Monday, May 25, 2020
Independence Day	Thursday, July 4, 2019	Saturday, July 4, 2020 (observed Friday, July 3, 2020)
Labor Day	Monday, September 2, 2019	Monday, September 7, 2020
Veteran's Day	Monday, November 11, 2019	Wednesday, November 11, 2020
Thanksgiving Day	Thursday, November 28, 2019	Thursday, November 26, 2020
Friday after Thanksgiving	Friday, November 29, 2019	Friday, November 27, 2020
Christmas Eve	Tuesday, December 24, 2019	Thursday, December 24, 2020
Christmas Day	Wednesday, December 25, 2019	Friday, December 25, 2020
New Year's Eve	Tuesday, December 31, 2019	Thursday, December 31, 2020